



Gift-in-kind donation form

(Please print clearly)

Return to Advancement Department

DONOR SECTION (*Required)

An IRS receipt letter will be sent to the person specified here:

*Donor Name: _____ *If Business, Contact Name: _____

*Address: _____ *City / State / Zip: _____

*Phone: _____ Email: _____

Is this your first donation/gift to Five Acres? Yes _____ No _____ Do you wish to be Anonymous? Yes _____ No _____

New? Used? Check event/program when applicable: Gala Golf Grace PMHC Other _____

HOLIDAY DRIVE FAMILY ANGELS WISH TREE COTTAGE ANGELS PROGRAM _____

Describe gift including number of gift cards: _____

* **TOTAL VALUE:** \$ _____ * **DONOR SIGNATURE:** _____
Your best estimate

MUST BE COMPLETED BY DONOR OR STAFF

Please mark appropriate item(s) and indicate the number donated.

___ Gift cards # ___ Items /Boxes /Bags of clothing/shoes # ___ Items /Boxes /Bags - Food # ___ Items / Boxes /Bags of Books # ___ Boxes / Bags of DVDs/CDs

___ Other (Describe): _____

Number of Gift cards _____ (Type/Store and value details must be listed unless Activation Slips are provided)

*Type/Store _____ Card/Check # _____ *Value _____

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*Type/Store _____ Card/Check # _____ *Value _____

*Type/Store _____ Card/Check # _____ *Value _____

*Type/Store _____ Card/Check # _____ *Value _____

*Type/Store _____ Card/Check # _____ *Value _____

*DATE: _____ *STAFF SIGNATURE _____

Shaded Section below to be completed by Advancement

Pick-up Date: _____ Time: _____ Location: _____ Contact: _____

1) PICK-UP STAFF _____ DATE _____ 2) RECEIVING STAFF _____ DATE _____

3) RECIPIENT'S NAME _____ DATE _____ 4) STAFF ACCEPTING _____ DATE _____